Great-West

Dental Claim Form (DO NOT SEND X-RAYS)

1. ☐ **Dentist's pre-treatment estimate**
☐ **Dentist's statement of actual services**
Provider #

2. ☐ **Medicaid Claim**
☐ **EPSDT**
Prior Authorization #
Patient ID #

3. **Carrier name and address**
GREAT-WEST LIFE & ANNUITY INS. CO.
1000 GREAT-WEST DRIVE
KENNETT, MO 63857-3749

PATIENT

4. Patient Name first m.i. last	5. Relationship to employee ☐ self ☐ child ☐ spouse ☐ other	6. Sex m f	7. Patient birthdate MM DD YYYY	8. If full time student school city
9. Employee/subscriber name and mailing address	10. Employee/Subscriber dental plan I.D. no.	11. Employee/subscriber birthdate MM DD YYYY	12. Employer (company) name and address	13. Group Number

COVERAGE INFORMATION

14. Is patient covered by another dental plan yes no If yes, complete 15-a. Is patient covered by a medical plan? yes no	15-a. Name and address of carrier(s)	15-b. Group no.(s)	16. Name and address of other employer(s)
17-a. Employee/subscriber name (if different from patient's)	17-b. Employee/subscriber dental plan I.D. number	17-c. Employee/subscriber birthdate MM DD YYYY	18. Relationship to patient ☐ self ☐ parent ☐ spouse ☐ other_____

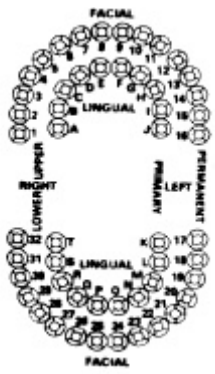
19. **I have reviewed the following treatment plan and fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize release of any information relating to this claim.**
*****NOTICE: See Anti-Fraud requirements on reverse side of this form.*****
>_____ _____
Signed (Patient* - see reverse) Date

20. **I hereby authorize payment of the dental benefits otherwise payable to me directly to the below named dental entity.**
>_____ _____
Signed (Employee/subscriber) Date

BILLING DENTIST

21. Name of Billing Dentist or Dental Entity			30. Is treatment result of occupational illness or injury?	No	Yes	If yes, enter brief description and dates	
22. Address where payment should be remitted			31. Is treatment result of auto accident?				
23. City, State, Zip			32. Other Accident?				
24. Dentist Soc. Sec. or T.I.N. (see reverse**)	25. Dentist license no.	26. Dentist phone no	33. If prosthesis, is this initial placement?			(If no, reason for replacement)	34. Date of prior placement
27. First visit date current series	28. Place of treatment Office_____ Hosp. _____ ECF _____ Other_____	29. Radio-graphs or models enclosed? Yes No How many?	35. Is treatment for orthodontics?			If service already commenced enter: Date appliances placed: Mos. treatment remaining:	

36. Identify missing teeth with "x"



37. Examination and treatment plan- List in order from tooth no.1 through tooth no. 32- Using charting system shown

Tooth # or letter	Surface	Description of service (including x-rays, prophylaxis. materials used, etc.)	Date service performed Mo. Day Yr.	Procedure Number	Fee	For administrative use only

ADA Ò

38. Remarks for unusual services

39. **I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are actual fees I have charged and intend to collect for those procedures.**
*****NOTICE: See Anti-Fraud requirements on reverse side of this form.*****
>_____
Signed (Treating Dentist) License Number Date

40. Address where treatment was performed
City State Zip

41. **Total Fee Charged**	
42. **Payment by other plan**	
Max. Allowable	
Deductible	
Carrier %	
Carrier pays	
Patient pays	

FRAUD NOTICE: Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is guilty of criminal and/or civil offense. <u>This notice does not apply in VA. For the states of AZ, CA, FL, ID, NM, OR, PA, TN and TX, please refer to the following fraud notices.</u>

Arizona Fraud Notice:
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California Fraud Notice:
For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Florida Fraud Notice:
Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho Fraud Notice:
Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

New Mexico Fraud Notice:
All claim forms and applications for insurance must contain the following disclosure:
"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

Oregon Fraud Notice:
Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any materially false, incomplete or misleading information maybe guilty of insurance fraud.

Pennsylvania Fraud Notice:
Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning and fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee Fraud Notice:
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas Fraud Notice:
Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.